



Medical Facilities Licensing Section
Marijuana Regulatory Agency
P.O. Box 30205 Lansing, MI 48909
Telephone: (517) 284-8599
MRA-AFS@michigan.gov

ANNUAL FINANCIAL STATEMENT (AFS) CONTACT AUTHORIZATION

Licensee Information

Licensee legal name:	Licensee prequalification record number (e.g., ERG-000000):		
AFS Fiscal Year	FEIN	Phone	Email Address
Mailing Address	City	State	Zip Code

Check all boxes to acknowledge the following:

- ☐ Licensee authorizes the individual below to be the contact person that the Marijuana Regulatory Agency (Agency) can discuss any and all information regarding the AFS.
- Contact Name: _____
- Email Address: _____
- Phone Number: _____
- ☐ Licensee understands this person will receive all communication from the Agency regarding the licensee's AFS Report until the licensee submits an official request to cease communication with this person.
- ☐ By signing this form, the licensee is acknowledging all supplemental applicants have been made aware and approve of this designation.
- ☐ The individual responsible for completing this form also has full authority to submit documentation on behalf of the licensee.

Signature & Declaration

I attest the information I provided on this contact form is true and accurate and that I will comply with the requirements of the Medical Marijuana Facilities Licensing Act (MMFLA) and associated rules. I understand that falsified or fraudulent information could subject the licensee to disciplinary action as provided in the MMFLA and associated rules, up to and including license revocation.

Signature: _____

Date: _____

Printed Name: _____

Notary

Subscribed and sworn to by _____ before me on _____.
(Authorized Individual Name) (Date)

(Notary Public Signature) (Notary Public Printed Name)

State of _____, County of _____. Acting in the county of _____, _____.
(County) (State)

My commission expires: _____.